

Driver: See Claudio

State of California—Health and Welfare Agency

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

PICK UP FOR RECYCLE.

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAX100091117762	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address BURTON URETHANE 3423 Fordham, Santa Ana, CA 92704				A. State Manifest Document Number 86534645		
4. Generator's Phone (714) 850-1370				B. State Generator's ID CAX000117762		
5. Transporter 1 Company Name Omega Recovery Services				C. State Transporter's ID 701737		
6. US EPA ID Number C AD 0 4 22 45 0 01				D. Transporter's Phone 213/698-0991		
7. Transporter 2 Company Name				E. State Transporter's ID		
8. US EPA ID Number				F. Transporter's Phone		
9. Designated Facility Name and Site Address Omega Recovery Services 12504 E. Whittier Blvd. Whittier, CA 90602				G. State Facility's ID CAD 042245001		
10. US EPA ID Number C ADO 4 224 5 0 01				H. Facility's Phone 213/698-0991		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.	
a. Waste Methylene Chloride ORM-A UN 1593		02 DM	1130	G	211	
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above METHYLENE CHLORIDE WITH URETHANE RESINS				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information LABELS NEEDED.						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.						
Printed/Typed Name CLAUDIO BURTIN		Signature <i>Claudio Burtin</i>		Month Day Year 09/23/86		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Isaac Woods Jr</i>		Month Day Year 10/12/86		
Printed/Typed Name ISAAC Woods Jr		Signature		Month Day Year		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year		
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space CAX # Soln						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name FRANK FORD		Signature <i>Frank Ford</i>		Month Day Year 09/23/86		

86534645